The Webinar will begin promptly at 12pm

Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the "chat feature"

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

Follow-up questions?

Contact

Samantha Di Paola
sdipaola@healthmanagement.com

PROVIDERS RESPONSIBILITY IN MANAGING MEDICAL CONDITIONS: MAKING CLINICAL IMPROVEMENTS AND MEETING QUALITY METRICS

HMA INTEGRATED CARE DC

PRESENTED BY:
Jean Glossa, MD, MBA, FACP
Brandin Bowden, MS
Jodi Pekkala, MPH

Tuesday,
May 11, 2022
12:00pm – 1:00pm EST

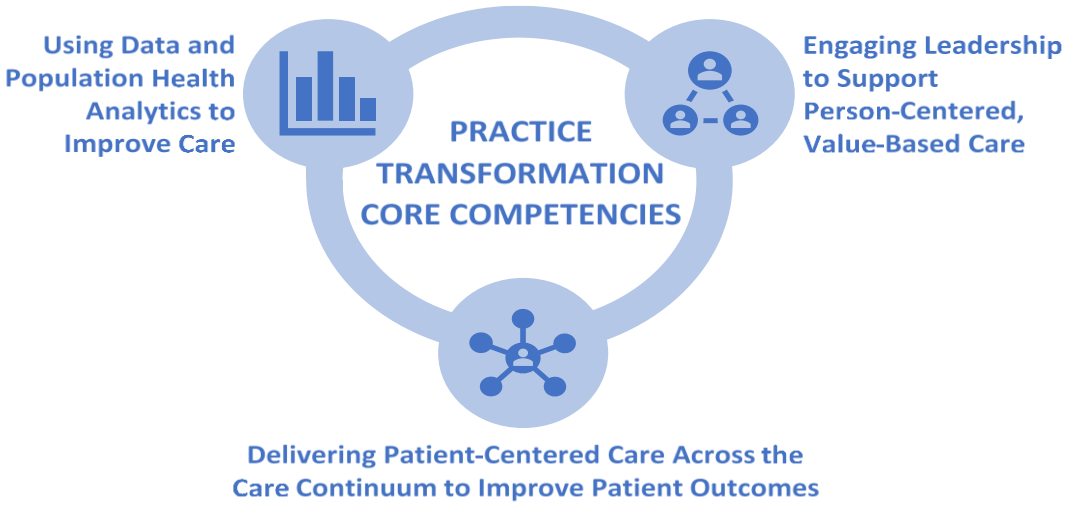
Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

WHAT IS INTEGRATED CARE DC?

- Integrated Care DC is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.

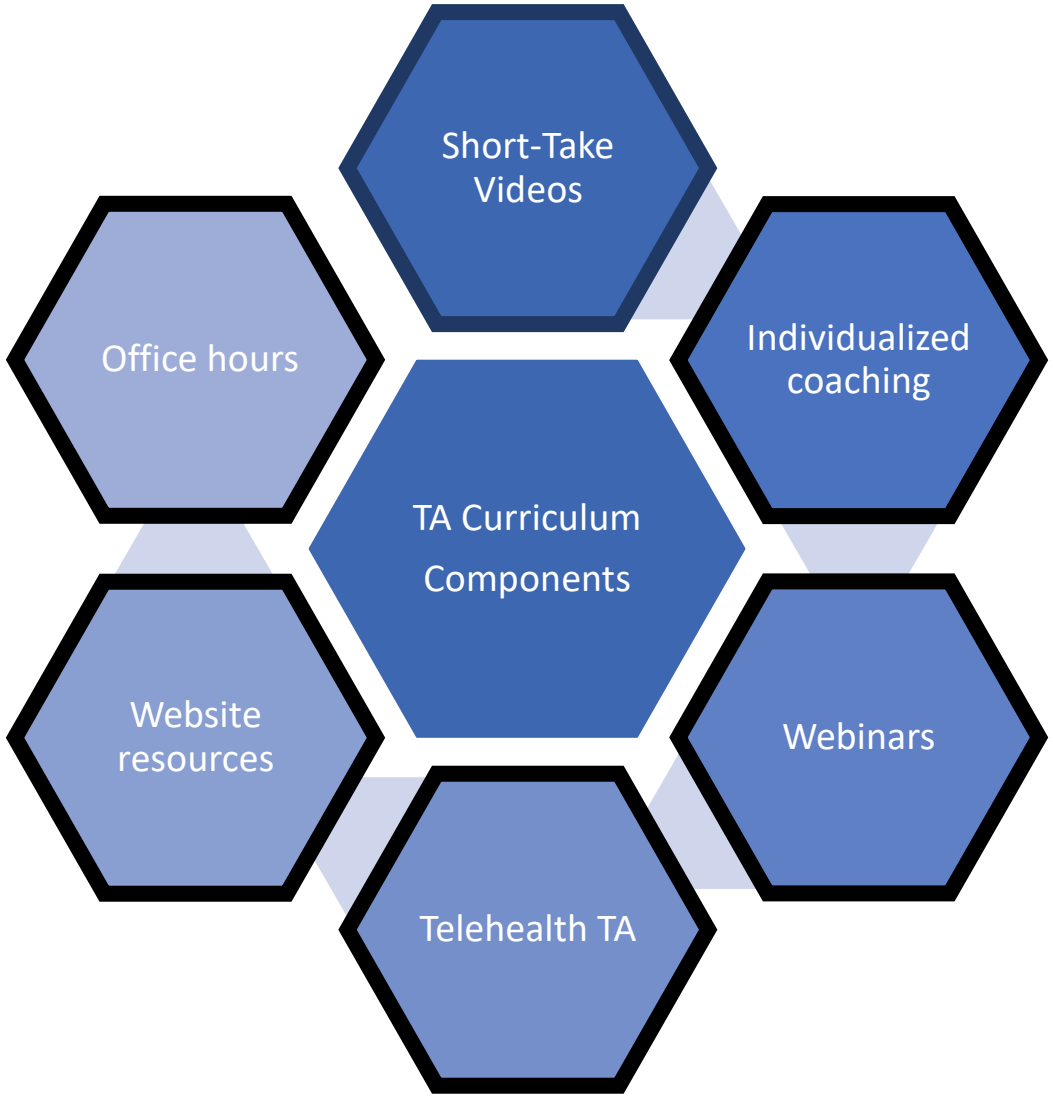
- Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



INTEGRATED CARE DC TECHNICAL ASSISTANCE

- The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.
- All material is available on the project website: Integratedcaredc.com
- Educational credit is offered at no cost to attendees for select elements.



INTEGRATED CARE DC UPDATES

Are you receiving our Integrated Care DC Newsletters?

Check your inbox at the beginning of the month for the Monthly Newsletter and around the 15th for the Mid-Month Update.

Got ideas?

Take this short survey to share suggestions and requests for trainings.
https://www.integratedcaredc.com/survey/

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Company	No Financial Disclosures	No Financial Disclosures	No Financial Disclosures	No Financial Disclosures	No Financial Disclosures
Nature of relationship	N/A	N/A	N/A	N/A	N/A

CONTINUING EDUCATION CREDITS

- Health Management Associates, #1780, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Health Management Associates maintains responsibility for this course. ACE provider approval period: 09/22/2021 – 09/22/2022. Social workers completing this course receive 1 continuing education credits. To earn CE credit, social workers must log in at the scheduled time, attend the entire course and complete an online course evaluation.

- Application for CME credit has been filed with the American Academy of Family Physicians. This session is approved by AAFP for up to 1 AMA Level 1 CME credit.

- **<u>If you would like to receive CE/CME credit, the online evaluation will need to be completed</u>.** You will receive a link to the evaluation shortly after this webinar**.**

- Certificates of completion will be emailed within 10-12 business days of course completion.

AGENDA

Providers Responsibility in Managing Medical Conditions: Making Clinical Improvements and Meeting Quality Metrics

- Welcome and Program Announcements
- Introduction to Quality and VBP
- Key measures for behavioral health providers
- Patient Engagement and Nutrition—tools for care team members
- Closing Remarks/Q&A

OBJECTIVES

1. List three quality metrics that are used in primary care or behavioral health settings.
2. Explain how conversations care team members have with patients can impact quality measures.
3. Provide three examples of phrases or guidance providers can give to patients to help patients manage their chronic disease(s).
4. Describe 3 evidence-based nutrition interventions that have improved health outcomes.

Image permitted by DC Department of Health Care Finance

INTRODUCTION TO TODAY'S SESSION

Linking quality metrics to patient engagement

Everyone has a role!

Providing quality care is a team effort- part of both primary and behavioral health practices

Connecting and providing primary care

Keeping patients out of the hospital

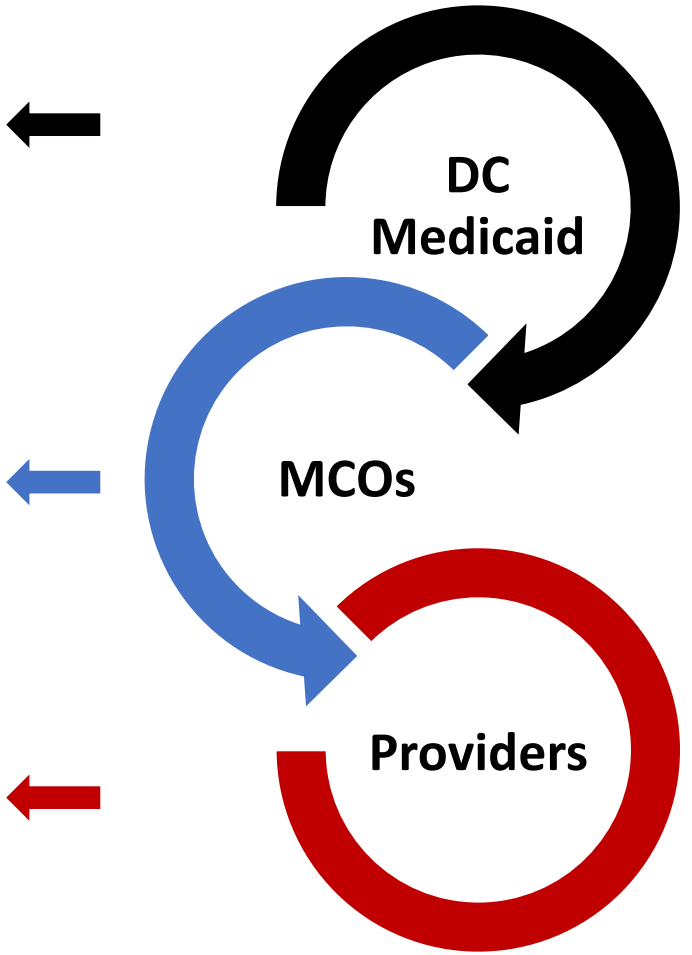
BASICS OF QUALITY METRICS
JODI PEKKALA

QUALITY IN THE DISTRICT: A PRIMER

- In 2019, DC Medicaid set 5-year strategic priorities for managed care quality in the 2019-2023 Quality Strategy.

- MCOs required to **report on quality**
- MCOs get **paid for quality**

- MCOs required to **pay providers for quality**



MCO REQUIREMENTS:

Report on Quality

- MCOs report all HEDIS/CAHPS metrics to DHCF annually
- DHCF will benchmark against national average or prior performance
- DHCF reports to CMS the metrics that align with CMS' Child and Adult Core Set

Pay for Quality

- Pay-for-performance (P4P) program for MCOs: capitation withhold for performance on 3 outcomes measures:
  - Plan All-Cause Readmissions
  - Potentially Preventable Hospitalizations
  - Low Acuity Non-Emergent (LANE) ED Visits

Pay Providers for Quality

- Providers must be incentivized to improve quality
- Engage providers in value-based payment (VBP)/other alternative payment model (APM)
- Targeted priority areas that improve health outcomes or achieve cost savings
- Each MCO must have a program; DHCF is interested in aligning across MCOs

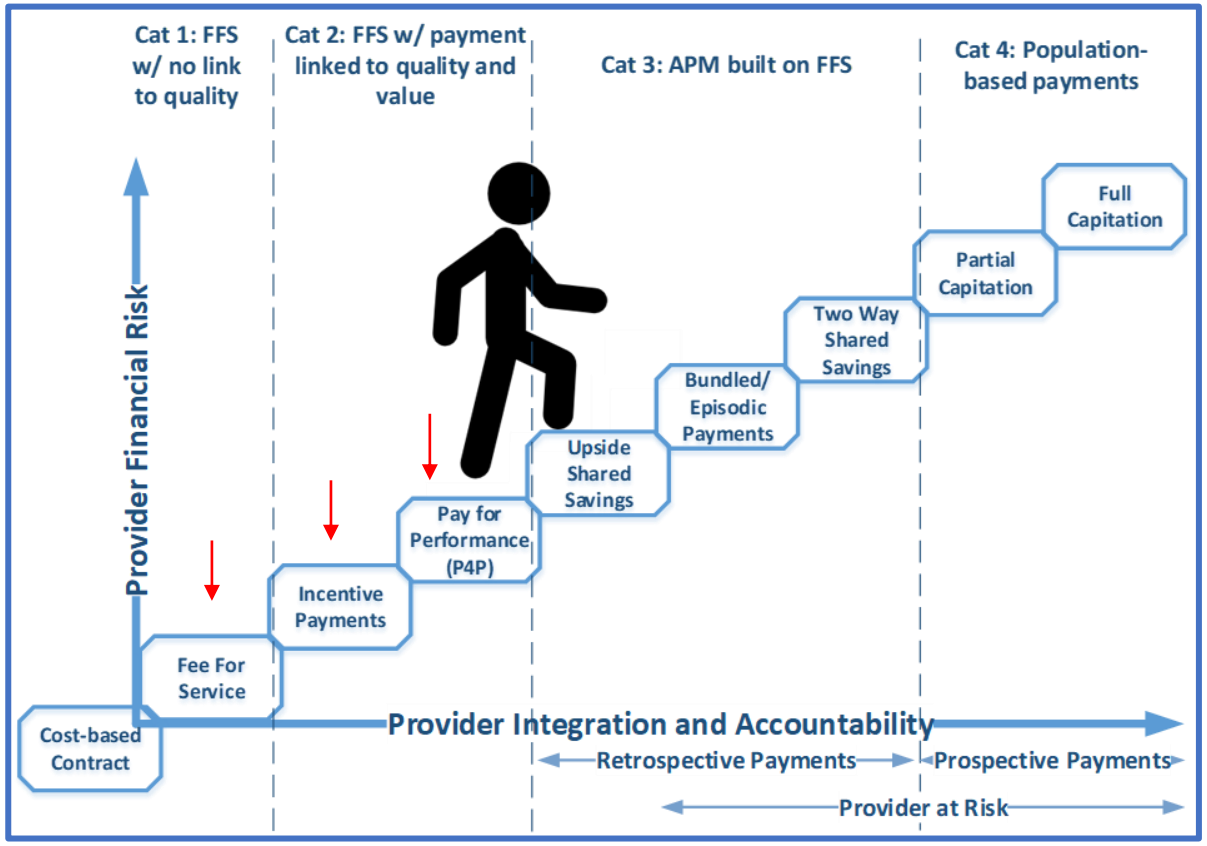
WHAT DO MCOS' VBP PROGRAMS LOOK LIKE?

Who is it for?

- **VBP is for all providers! Some MCOs have programs specifically targeting BH providers**

How is it structured?

- Can be proprietary; can vary based on specific provider
- Provider size (volume of patients/services delivered) and level of sophistication and experience can influence payment arrangement offered
- Provider type (hospital systems, primary care providers, specialists can all have different VBP arrangements)
- Ranges from FFS with incentive payment (closing gaps, achieving benchmarks on certain quality metrics), to more sophisticated upside/downside risk arrangements



TAKE A DEEPER DIVE IN AN UPCOMING WEBINAR

HMA INTEGRATED CARE DC

Understanding How & Why Providers & Payers Are Using Incentive Payments As A Tool To Improve Integration

We will talk with Dr. Yavar Moghimi, Chief Psychiatric Medical Officer of AmeriHealth Caritas about why integrated care is important and the ways AmeriHealth is working with providers to identify and ultimately achieve key physical and behavioral health outcomes.

June 7, 2022

12:30 – 1:00 pm

What Does It Take To Create A Path Towards Incentive Payment?

A provider will demonstrate how it has decided to use the tools provided by AmeriHealth to start looking at integrated care outcomes.

June 21, 2022

12:30 – 1:00 pm

Office Hours About Behavioral Health Quality Incentive Payments

This half hour is allotted for providers to come and ask questions about how they can begin using metrics to improve integrated care outcomes.

June 28, 2022

12:30 – 1:00 pm

Register Here: https://www.integratedcaredc.com/events/

What measures are included?

- Can vary; generally align with the metrics that MCOs:
  - Are held financially accountable for performance
  - Areas considered most critical to patient overall health
  - Areas where the MCO is performing low
- **Aren't necessarily measures that represent the majority of care that a particular provider provides**
- **Can be measures for which they have only partial influence**
  - All providers have a stake in ensuring patients get adequate primary care/treatment for medical conditions
  - All providers have a stake in keeping patients out of the ER/hospital/readmission

CRITICAL MEASURES FOR BH PROVIDERS TO WATCH

Measures MCOs are financially accountable for performance

- **Low Acuity Non-Emergent (LANE) ED Visits**
- Plan All-Cause Readmissions
- Potentially Preventable Hospitalizations

Key primary care conditions behavioral health providers can help treat

- **Diabetes (eye and HbA1c submeasures)**
- Controlling high blood pressure

LOW ACUITY NON-EMERGENT (LANE) ED VISITS

Why it's important

- It's a measure that MCOs are financially accountable for performance; and the focus of at least some MCO VBP programs for behavioral health providers
- Unnecessary use of $$ resources

Overview of DHCF Specifications

- Percentage of avoidable, low-acuity non-emergent, emergency department visits.
- Proprietary measure; LANE ED visit is defined as a visit to an ED with a primary discharge diagnosis that is included in the Mercer LANE diagnosis list
- Rate is calculated by dividing the number of LANE ED visits as defined above by the total number of ED visits

Top 10 LANE Diagnoses
Acute upper respiratory infection, unspecified
Acute nasopharyngitis (common cold)
Headache
Unspecified Asthma with (acute) exacerbation
Acute pharyngitis, unspecified
Urinary tract infection, site not specified
Low back pain
Streptococcal pharyngitis
Noninfective gastroenteritis and colitis, unspecified

LOW ACUITY NON-EMERGENT (LANE) ED VISITS

So, what can you do? How can you impact this measure in your role?

Do you have a primary care provider?

If so- when's the last time you had a visit?

If not- can we help you find one?

If you felt sick this weekend- where would you go? Who can you call?

After hours nurse advice line?

Clinic with evening and weekend hours?

Self care?

Help patients with non ED strategies to manage low acuity conditions

Top 10 LANE Diagnoses
Acute upper respiratory infection, unspecified
Acute nasopharyngitis (common cold)
Headache
Unspecified Asthma with (acute) exacerbation
Acute pharyngitis, unspecified
Urinary tract infection, site not specified
Low back pain
Streptococcal pharyngitis
Noninfective gastroenteritis and colitis, unspecified

DIABETES CARE

Why this measure is important

- Uncontrolled Diabetes leads to serious complications,
- With support from the care team, patients can manage their diabetes with self-care.
- **It's the focus of at least some MCO VBP programs for behavioral health providers**

Overview of HEDIS Specifications: % of members:

- **Hemoglobin A1c Control (HBD): ….**whose HbA1c was at the following levels, based on the most recent test
  - * HbA1c control (<8.0%)
  - * HbA1c poor control (>9.0%)
- **Eye Exam (EED): …**who had an eye exam that was either:
  - A retinal or dilated eye exam by an eye doctor
- **Blood Pressure Control (BPD):** ….. whose BP was controlled (<140/90 mm Hg) based on the most recent test
  - Could be taken during an outpatient visit, telephone visit, e-visit or virtual check-in, or a nonacute inpatient encounter, or remote monitoring event

DIABETES CARE

- **What can you do in your role to impact this quality measure and to improve care?**

- Not just for Primary care to address- the BH teams can have positive impact on these outcomes.

- Care gap reports and EMR flags for missed services (primary care)
- Ask patients- when's the last time you had a visit with your primary care providers?
- Ask patients: do you know what your blood pressure is? Or what it should be?
- Ask patients: how's your vision? When's the last time you had your eyes checked?
- Ask patients: when's the last time you had a blood test for your diabetes?
- Ask about healthy eating and exercising- walking.

LINKING QUALITY AND PATIENT ENGAGEMENT

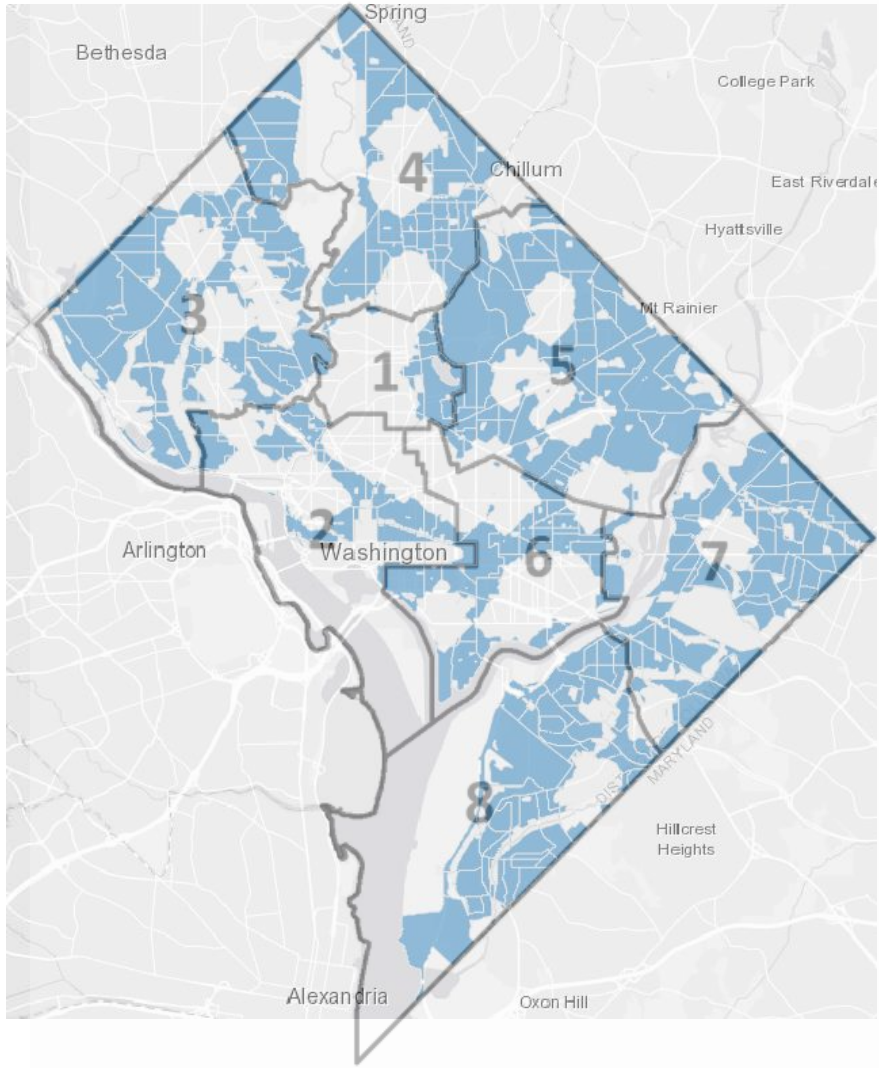
Applying “quality measures” to our role on the care team:

Everyone contributes to quality care and meeting quality measures

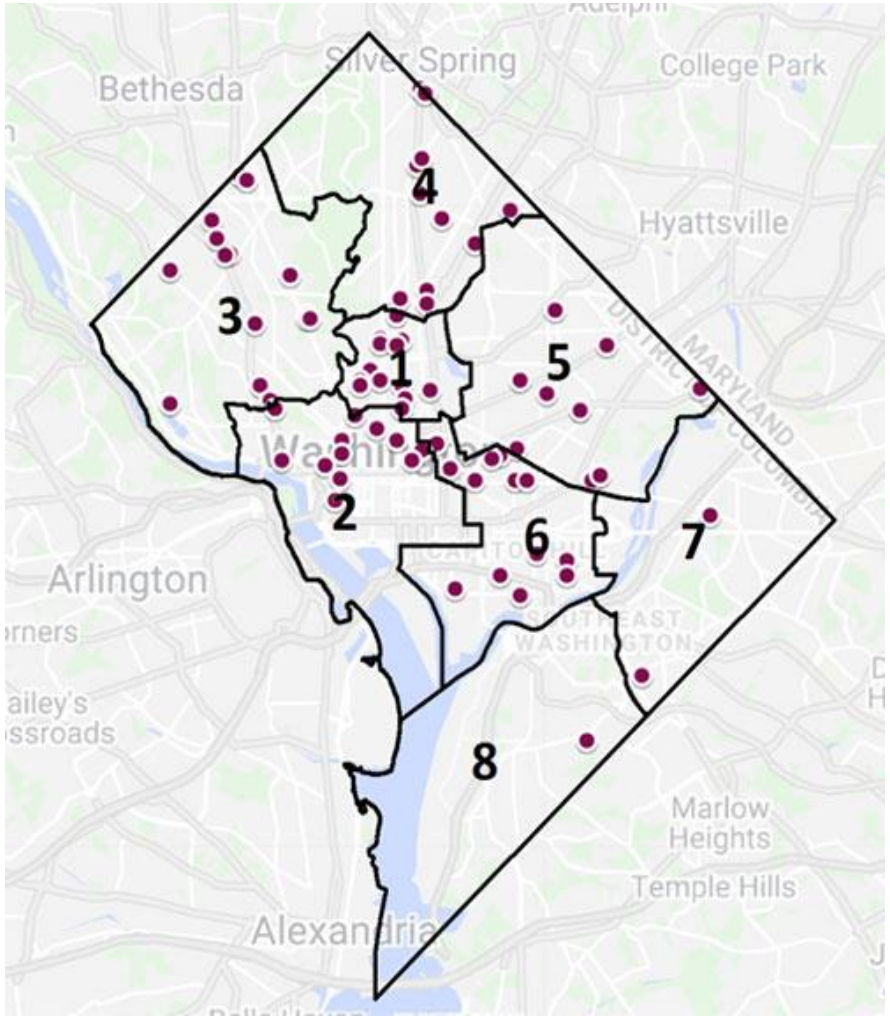
What will I say to my patient today that helps support quality measures?

BUILDING HEALTHY HABITS
BRANDIN BOWDEN

FOOD ACCESS IN WARD 7



Source: https://opendata.dc.gov/datasets/DCGIS::low-food-access-areas/explore?location=38.896745%2C-76.984943%2C12.00



Source: https://www.dchunger.org/food-policies-and-guides/grocery-access/

POLL: TELL US WHAT YOU THINK?

- *Which of the following best describes <u>your patients'</u> eating habits?*

Source: https://www.pexels.com/photo/group-of-people-eating-together-3184195/

DIABETES CARE, CONTROLLING HIGH BLOOD PRESSURE & REDUCING READMISSION OR PREVENTABLE HOSPITALIZATIONS

HMA

INTEGRATED CARE DC

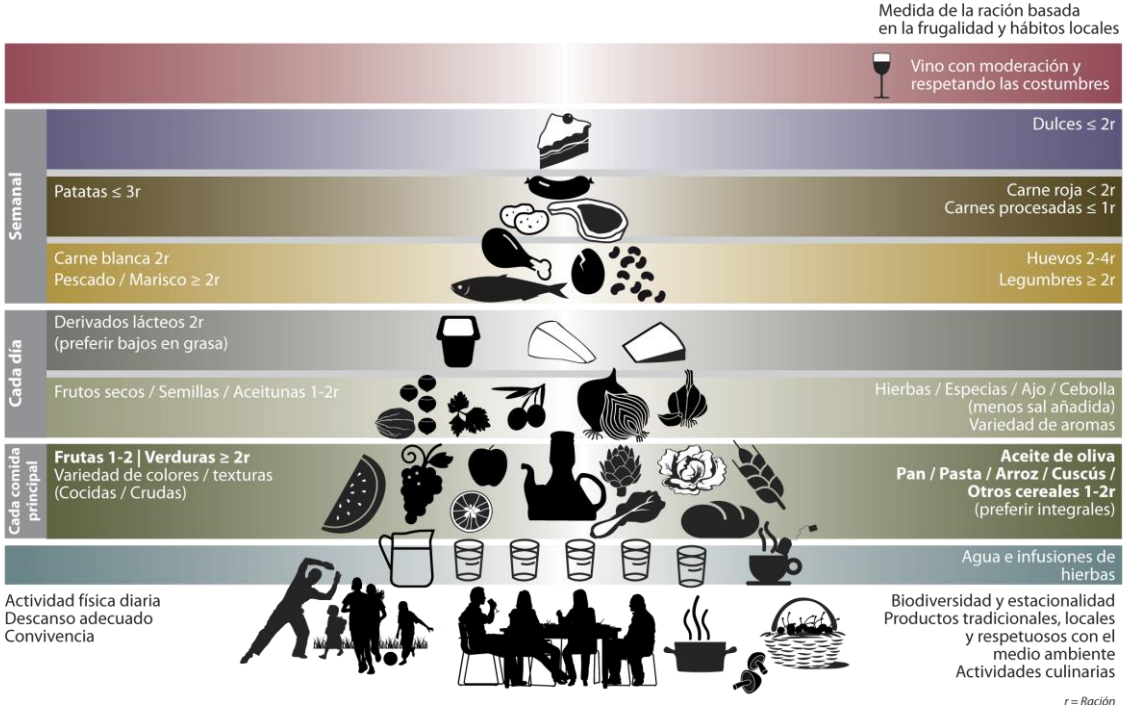
DASH Eating Plan

The Benefits: Lowers blood pressure & LDL "bad" cholesterol.

Eat This	Limit This
Vegetables	Fatty meats
Fruits	
Whole grains	Full-fat dairy
Fat-free or low-fat dairy	
Fish	Sugar sweetened beverages
Poultry	
Beans	Sweets
Nuts & seeds	
Vegetable oils	Sodium intake

www.nhlbi.nih.gov/DASH

NIH National Heart, Lung, and Blood Institute | The heart truth



Source: dietamediterranea.com

NATIONAL DIABETES PREVENTION PROGRAM

DSMES TOOLKIT

PROMOTING HEALTHY EATING IN CLINICAL SETTINGS

HMA INTEGRATED CARE DC

A targeted approach to promoting healthy eating should:

- Promote choice or variety & avoids dietary ideology
  - Focus on adding nutrient-dense foods, not finding a “magic” diet
  - Limit elimination/avoidance tactics to encourage adherence & patient ownership in process
- Include practical resources that inspire action
  - Tips on overcoming barriers to healthy eating
  - Website links from trusted sources (blogs, Podcasts, YouTube channels, etc.)
- Be supported by a referral network of quality nutrition professionals
  - Certified Nutrition Specialists (CNS)
  - Registered Dietitians (RD)
  - Licensed Naturopathic Doctors (ND)

HOW CAN I HELP MY PATIENT WITH THEIR DIET AND EATING HABITS?

BE MINDFUL OF FOOD CHOICE INFLUENCES

- Taste
- Personal and social habits
- Employment status
- Acculturation
- Access to personal transportation
- Time
- Knowledge, skills, & abilities
- Food prices
- Food access

Committee on Examination of the Adequacy of Food Resources and SNAP Allotments; Food and Nutrition Board; Committee on National Statistics; Institute of Medicine; National Research Council; Caswell JA, Yaktine AL, editors. Supplemental Nutrition Assistance Program: Examining the Evidence to Define Benefit Adequacy. Washington (DC): National Academies Press (US); 2013 Apr 23. 4, Individual, Household, and Environmental Factors Affecting Food Choices and Access. Available from: https://www.ncbi.nlm.nih.gov/books/NBK206912/

HELPING PATIENTS

Source: https://www.gettyimages.com/photos/healthy-eating

1. Food is information
2. Listen to your body
3. Focus on lifestyle changes
4. Start with 1-thing
5. Be gentle with yourself

HELP YOUR PATIENTS BUILD THE FOUNDATION FOR A HEALTHY DIET

- Eat the rainbow
- Cook with lean meats
- Flavor your food with herbs & spices
- Incorporated healthy fats
- Drink water

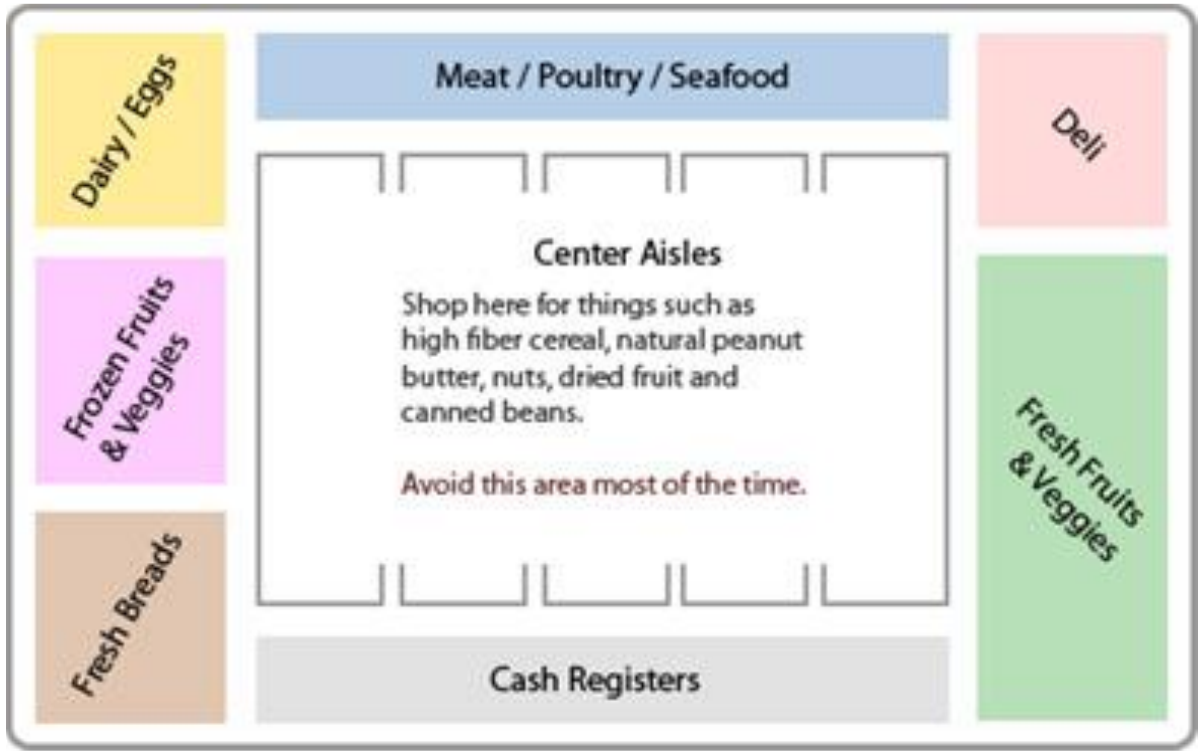
Source: https://www.gettyimages.com/photos/healthy-eating

POLL: TELL US WHAT YOU THINK?

- What is the biggest barrier your patients have for healthy home cooking?

Source: https://www.reviewed.com/cooking/features/10-secrets-to-simple-weeknight-dinners-according-to-real-parents

IS YOUR PATIENT OVERWHELMED AT THE SUPERMARKET?



Source: https://www.cdc.gov/diabetes/managing/eat-well/meal-plan-method.html

IS YOUR PATIENT CONCERNED WITH THE BILL?

A.

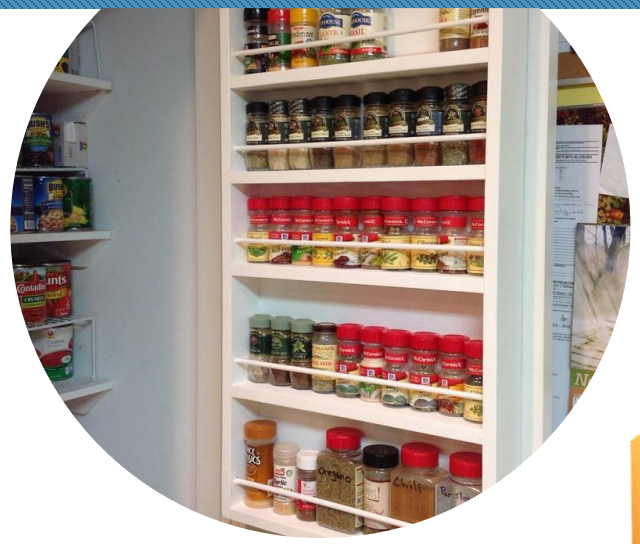
6 OZ LOWFAT YOGURT	
Unit Price	You Pay
$0.12	$0.72
Per oz	

B.

32 OZ LOWFAT YOGURT	
Unit Price	You Pay
$0.05	$1.62
Per oz	

- Shop sales
- Buy in bulk
  - Meats, vegetables, grains, seeds, legumes etc.
- Compare unit prices
- Buy inexpensive cuts of meat
  - Chicken thighs, ground beef, chuck roast
- Use meat as flavor

DOES YOUR PATIENT ENJOY THEIR KITCHEN?



- Organize your kitchen
  - Store like items near each other
  - Store items where you'll need to use them
  - Use equipment to keep things orderly
  - Use space on walls and inside doors
- Your freezer is your friend
  - Make meal packs
  - Portion single servings of meals
  - Buy in bulk and freeze (fresh veggies or sauces)
- One pot meals and slow cookers
  - Protein + whole grain + vegetables
- Play with flavors and KEEP TRYING!

Source: https://www.etsy.com/listing/168255753/pantry-door-spice-rack-door-spice-rack

IS YOUR PATIENT STRAPPED FOR TIME?

- Prep in advance
- Buy pre-cut veggies/frozen veggies
- Cook ahead/in bulk
- Health meal delivery services
- Cook with family or friends

Source: https://www.gettyimages.com/photos/healthy-eating

PROMOTING HEALTHY EATING IN CLINICAL SETTINGS

- A targeted approach to promoting healthy eating should:
  - Promote choice or variety & avoids dietary ideology
  - Include practical resources that inspire action
  - Be supported by an integrative referral network of quality health professionals

Source: https://www.gettyimages.com/photos/healthy-eating

Q&A

IN THE CHAT BOX-

WHAT WILL YOU ASK YOUR PATIENT TODAY ABOUT HEALTHY EATING?

WRAP UP AND NEXT STEPS

- Please complete the online evaluation! **If you would like to receive CME/CE credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar**.**
- The webinar recording will be available within a few days at: https://www.integratedcaredc.com/learning/
- **Upcoming Webinars:**
  - ***Help! We're so Short Staffed: Best Practices for Hiring and Retaining Your Workforce,*** May 17, 12:00pm-1:00pm EST
  - ***Understanding Primary Health Requirements for Incentive Payments Part 1: Understanding how and why providers and payers are using incentive payments as a tool to improve integration,*** *June 7, 12:30pm-1:00pm EST*
- For more information about Integrated Care DC, please visit: https://www.integratedcaredc.com/

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- U.S. Department of Health and Human Services. (2021, December 29). *Dash eating plan*. National Heart Lung and Blood Institute. Retrieved May 11, 2022, from https://www.nhlbi.nih.gov/education/dash-eating-plan